

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT — SHORT FORM

(Government Code Section 84200-84216)

7/1/19

For use by candidates and officeholders who receive or spend not more than \$200 or on whose behalf not more than \$200 has been raised or spent for the entire campaign.

FOR OFFICIAL USE ON

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Statement cover	ers period from	Type or Print in Ink) $\frac{1-1-79}{}$ th	100gh 6-30-79			
NAME OF CANDIDATE: WALTER S. KATHICH			OFFICE SOUGHT OR HELD (Include location and district number if applicable):			
RESIDENTIAL ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE N	
919 TARA PL	LODI	Cal	95240	209	368-6042	
BUSINESS ADDRESS: NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE	PHONE N	
TYPE OF ELECTION (Circle one if applicable):	CIRC	LE IF APPLICABLE:	DATE	DATE OF ELECTION (MO. DAY YR.):		
Primary General Special Recall		semi-ennual ampaign statement	Off YEA	Off YEAR Statement		
	V	ERIFICATION				
I declare under penalty of perjury that to the support of my candidacy, by myself or by any c				œived or expended	l on behalf of or	
Executed on July 1st (DATE)	at	Loui CA	LIFORNIA			
(DATE)			(CITY AND ST	(ATE)		
		W	alter I. K	atnul		
		(5	IGNATURE, OF CANE	DATE OR OFFICE	HOLDER)	